



State of Montana

**PROPERTY AND CASUALTY INSURERS
QUARTERLY PREMIUM TAX PAYMENT
DUE DATE: APRIL 15, 2007**

Insurer Name: _____

NAIC # _____ Check Number: _____

QUARTERLY TAX PAYMENT CALCULATION:

<i>Mail payment to:</i> Montana Ins. Dept. 840 Helena Ave. Helena, MT 59601	1. '06 premium tax liability (#6 from tax return) or 90% of anticipated 2007 tax \$ _____ 2. Less allowable deductions (See instructions on reverse) \$(_____) 3. Total 2007 quarterly pre-payment (line #1 - #2) \$ _____ 4. Enter 25% of the amount on line #3 \$ _____ 5. Amount of 2006 overpayment applied to this payment (see line #38 of the tax return) \$(_____) 6. QUARTERLY AMOUNT REMITTED (#4 - #5) \$ _____ (Instructions on Reverse)
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SAI-23 (10/06)



State of Montana

**PROPERTY AND CASUALTY INSURERS
QUARTERLY PREMIUM TAX PAYMENT
DUE DATE: JUNE 15, 2007**

Insurer Name: _____

NAIC # _____ Check Number: _____

QUARTERLY TAX PAYMENT CALCULATION:

<i>Mail payment to:</i> Montana Ins. Dept. 840 Helena Ave. Helena, MT 59601	1. '06 premium tax liability (#6 from tax return) or 90% of anticipated 2007 tax \$ _____ 2. Less allowable deductions (See instructions on reverse) \$(_____) 3. Total 2007 quarterly pre-payment (line #1 - #2) \$ _____ 4. Enter 25% of the amount on line #3 \$ _____ 5. Amount of 2006 overpayment applied to this payment (see line #38 of the tax return) \$(_____) 6. QUARTERLY AMOUNT REMITTED (#4 - #5) \$ _____ (Instructions on Reverse)
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SAI-23 (10/06)



State of Montana

**PROPERTY AND CASUALTY INSURERS
QUARTERLY PREMIUM TAX PAYMENT
DUE DATE: SEPTEMBER 15, 2007**

Insurer Name: _____

NAIC # _____ Check Number: _____

QUARTERLY TAX PAYMENT CALCULATION:

<i>Mail payment to:</i> Montana Ins. Dept. 840 Helena Ave. Helena, MT 59601	1. '06 premium tax liability (#6 from tax return) or 90% of anticipated 2007 tax \$ _____ 2. Less allowable deductions (See instructions on reverse) \$(_____) 3. Total 2007 quarterly pre-payment (line #1 - #2) \$ _____ 4. Enter 25% of the amount on line #3 \$ _____ 5. Amount of 2006 overpayment applied to this payment (see line #38 of the tax return) \$(_____) 6. QUARTERLY AMOUNT REMITTED (#4 - #5) \$ _____ (Instructions on Reverse)
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SAI-23 (10/06)



State of Montana

**PROPERTY AND CASUALTY INSURERS
QUARTERLY PREMIUM TAX PAYMENT
DUE DATE: DECEMBER 15, 2007**

Insurer Name: _____

NAIC # _____ Check Number: _____

QUARTERLY TAX PAYMENT CALCULATION:

<i>Mail payment to:</i> Montana Ins. Dept. 840 Helena Ave. Helena, MT 59601	1. '06 premium tax liability (#6 from tax return) or 90% if anticipated 2007 tax \$ _____ 2. Less allowable deductions (See instructions on reverse) \$(_____) 3. Total 2007 quarterly pre-payment (line #1 - #2) \$ _____ 4. Enter 25% of the amount on line #3 \$ _____ 5. Amount of 2006 overpayment applied to this payment (see line #38 of the tax return) \$(_____) 6. QUARTERLY AMOUNT REMITTED (#4 - #5) \$ _____ (Instructions on Reverse)
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SAI-23 (10/06)

QUARTERLY TAX PAYMENT INSTRUCTIONS:

Line #2 Instructions:

The quarterly amounts should be reduced by subtracting the following **allowable deductions**:

- A. Anticipated 2007 tax offsets (20% of Montana Life and Health Insurance Guaranty Association assessments paid during tax years 2002-06): \$ _____
- B. Montana Comprehensive Health Association assessments: \$ _____
(excluding HIPAA Plan liability assessments)
- Total allowable deductions to transfer to line #2 (on front):** \$ _____

Other Instructions:

Do not combine amounts for affiliated companies on a single check.

If the amount on line #3 is zero or a negative amount: Enter zero on line #3 and #6 on all 4 payment vouchers and return all 4 vouchers to this office by April 15, 2007.

If insurer deems the total 2007 quarterly pre-payment requirement on line #3 to be a minimal amount (less than \$100), combine all 4 payments in one check, complete all 4 vouchers and submit the payment on or before April 15, 2007.

If premium writings have declined from the previous year, you may substitute the amount on line #1 with an amount equaling 90% of the 2007 anticipated premium tax.

If you have any questions please contact our office at (406) 444-2040.

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